

Appl. No. 09/981,130
 Am't. dated 1/10/05
 Reply to Office Action of 9/13/04

PATENT
 Docket: 990530

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application No. 09/981,130)	For: FAST, ITERATIVE SYSTEM AND METHOD FOR EVALUATING A MODULO OPERATION WITHOUT USING DIVISION
Shimman Patel)	
Examiner: Chat C. Do)	
Filed: 10/17/2001)	Group No. 2124

RESPONSE TO OFFICE ACTION

Mail Stop Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

05/03/2005 CBARNES1 00000014 170026 09981130

01 FC:1251 Dear Commissioner:

200.00 DA

In response to the Office Action dated September 13, 2004, please amend the above-identified application as indicated below. Applicant hereby petitions a one (1) month Extension of time to January 13, 2005.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: _____

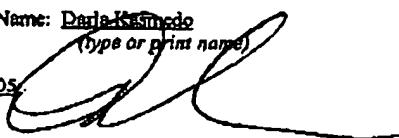
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transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Darla Kennedy
(type or print name)

Date: 1/10/05

Signature: _____



Attorney Docket No.: 990530
 Customer No.: 23696

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 990530
In Re Application of: Patel, et al.
Serial Number: 09/981,130
Filed: 10/16/01
Examiner: Char C. Do
Group Art Unit: 2124

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	14	23		x \$50 =	\$
Independent**	4	3	1	x \$200 =	\$200
Multiple Dependent Claim(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$360	\$
			<input checked="" type="checkbox"/> One Month	\$120	\$120
EXTENSION FEES			<input type="checkbox"/> Two Months	\$450	\$
			<input type="checkbox"/> Three Months	\$1020	\$
				\$130	\$0
				TOTAL FEE	\$320

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. Fee check in the amount of \$ _____ is enclosed to pay for any claim and/or extension fees.
 5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$320.
 The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
 6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 1/10/05Signature: George C. Pappas, Reg. No. 35,065
858-651-1306

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

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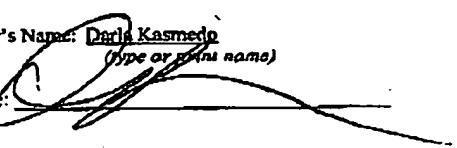
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Depositor's Name: Darla Kasmedo
(type or print name)Date: 1/10/05

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Depositor's Name: Darla Kasmedo
(type or print name)Signature: 

(TRANSAMD.VER1.13-04/30/04)